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E.O. 12958: N/A
TAGS: EAID KE EAGR ETRD
SUBJECT: UNICEF APPEAL FOR NUTRITIONAL INTERVENTIONS
IN KENYA

REF:NAIROB 04607

Summary

11. Results of an October UNICEF nutritional assessment revealed emergency levels of malnutrition amongst 45,000 pastoralist children in three districts of eastern Kenya. The lack of rainfall and its effect on pastoralist livelihoods is cited as contributing to the malnutrition, however, the survey cites other factors, including poor child feeding practices, inadequate water and sanitation facilities, disease, and a history of underdevelopment. Humanitarian organizations are providing assistance to the affected areas through the provisions of general rations and programs to increase access to water. UNICEF is appealing for international assistance totaling \$900,000 to respond to emergency nutritional needs in the three districts. End Summary

Background

12. A drought emergency was declared by the Government of Kenya (GOK) July 2004. Following an international appeal, more than 1.6 million Kenyans are receiving food and other assistance to lessen the humanitarian impact. Although the 2005 long rains improved agricultural production and pastoral conditions in several regions, the northeastern districts of Garissa, Tana River, and Wajir were recently assessed as slow to recover. The districts are mostly comprised of pastoralists that rely on livestock production for food security and livelihood.

13. UNICEF conducted a nutritional assessment in the three districts from October 6-20 to determine levels of malnutrition in children less than five years. The survey measured 2919 children under five from 2002 households in the districts using the two-stage cluster sampling method.

Current Situation

14. In Garissa and Tana River districts, the assessment found global acute malnutrition (GAM) rates of 18 percent and severe acute malnutrition rates (SAM) of 3 percent. Rates were extremely high in Wajir District (29 percent GAM and 4 percent SAM); and the crude mortality rate there was calculated to be 1.7 deaths per 10,000 children under five per day. The World Health Organization standard is that a GAM rate of greater than 15 percent indicates a critical situation.

15. The UNICEF results highlighted several factors that contribute to the high malnutrition levels found during the survey. More than a third of the respondents reported they did not seek medical attention for sick children due to the lack of medicines at local clinics or their prohibitive cost. Measles immunization coverage was found to be slightly below the 95 percent WHO recommendation, however, polio vaccinations were well above 80 percent. Exclusive breast feeding for newborns up to six months is not a common practice and infants are routinely given food comprised of glucose or cereal based porridge.

16. The lack of production from livestock (milk), low resale prices for animals sold (which limits the purchasing power for food), access to and availability of clean water, and endemic malaria were also cited in the assessment as contributing to the high levels of malnutrition found.

Response to Date

17. The United Nations and NGOs have been responding to emergency conditions in the three Districts since the GOK's original drought appeal in July 2004. The World Food Program (WFP) is currently distributing a seventy five percent ration to 238,000 Kenyans in the Tana River, Garissa and Wajir Districts (twenty-five percent of the population). The current ration includes corn soy blend (CSB), a fortified cereal-based commodity.

18. USAID's Office of Food for Peace contributes approximately thirty five percent of WFP drought emergency commodities. USAID's Office of Foreign Disaster Assistance is supporting programs with partner CARE to increase access to water in Garissa District. USAID Kenya is investing \$2 million in a multi-year livestock development program in all these districts.

19. Besides a contribution of cereals to the current WFP emergency program, there are few GOK resources addressing the humanitarian situation in the area. Government district hospitals have limited therapeutic feeding capacity to treat severely malnourished children. UNICEF proposes to augment hospital capacity by expanding the number of mobile medical clinics to extend services to the rural pastoralists in greatest need.

UNICEF Appeal

110. UNICEF has been supporting nutritional interventions in Garissa, Tana River, and Wajir Districts since the declaration of the drought emergency in 2004. In October, UNICEF appealed for \$900,000 to continue nutritional monitoring and surveillance activities through February 2006, which coincides with the end of the short rains season. UNICEF's strategy is to provide immediate relief to the malnourished and assumes that improved rains during the current short rainy season will increase pasture and livestock productivity, which in turn will improve humanitarian conditions. UNICEF has also appealed for an additional \$2.5 million to provide immunizations, malaria protection, and mobile medical clinics to affected pastoralist populations throughout Kenya.

Conclusions

111. Sixteen months of international assistance in the form of food and non-food support has failed to curb high malnutrition rates in Kenya's Tana River, Wajir and Garissa Districts. Although the poor rains have negatively impacted local livelihoods and humanitarian conditions, a history of underdevelopment and inadequate resources is also contributing to high malnutrition levels.

112. UNICEF needs additional resources to continue supplemental and therapeutic feeding outreach to affected populations. The GOK has shown little inclination to devote specific resources to address the elevated malnutrition levels.

113. The USAID/OFDA/ECARO plans to visit the recently assessed areas in Tana River and Garissa to assess the situation and ground truth the UNICEF findings.

BELLAMY.